



State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2020

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 164103		2. Exact name of the Limited Liability Company PRI XIX GP, LLC			
3. NAICS Code 531312		4. Brief description of the character of business conducted in Rhode Island To act as a General Partner and any and all lawful activities permitted in accordance with the Rhode Island Limited Liability Act.			
5. State of Formation Delaware					
6. Principal Office Address 1140 Reservoir Avenue		City Cranston		State RI	Zip 02920
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name James A. Procaccianti			Contact Title Manager		
Street Address 1140 Reservoir Avenue		City Cranston		State RI	Zip 02920
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name James A. Procaccianti			Manager Name		
Street Address 1140 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person James A. Procaccianti				Date November 11, 2020	
Signature of Authorized Person					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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